

# Health Resources Publishing

## *Registration Form*

**Print out this order form, complete it and return by:**

**Fax to:** (888) 329-6242

**Or mail to:** Health Resources Publishing  
PO Box 559  
Allenwood, NJ 08720

**YES!** I want the latest help on complying with the new provisions of the HITECH Act. Please register me for the 60-minute audio conference **“How to Insure Your Organization Complies With the Sweeping New Changes and More Stringent HIPAA and Privacy Rules Under the New HITECH Act”** scheduled for Thursday, July 9, 2009 from 1:30 - 2:30 PM EDT.

	<u>Amount</u>
<input type="checkbox"/> <b>Live Conference and CD:</b> \$247 per site to participate in the conference and receive the CD-ROM of the conference, including the conference materials. (\$297 after July 3)	\$247
<input type="checkbox"/> <b>Live Conference Only:</b> \$147 per site to participate in the live program and receive the conference materials. (\$197 after July 3).	\$147
<input type="checkbox"/> <b>CD-ROM and Conference Materials Only:</b> \$147 for the audio conference CD and conference materials if you cannot participate in the live conference. The CD is shipped approximately three weeks after the program.	\$147

<p><b>Payment Options:</b></p> <p><input type="checkbox"/> Check Enclosed (Make payable to Health Resources Publishing)</p> <p><input type="checkbox"/> Credit Card:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Amex   <input type="checkbox"/> MasterCard   <input type="checkbox"/> Visa   <input type="checkbox"/> Discover</p> <p>Name on Card _____</p> <p>Card Number _____</p> <p>Expiration Date _____</p> <p>Signature _____</p>	<p style="text-align: center;">(CD-ROM Only) NJ Sales Tax @ 7% (only if shipping to NJ) Enter Tax ID or VAT # if exempt.</p> <hr/> <p style="text-align: center;">Shipping and Handling (\$4.95 for CD-ROM Only)</p> <hr/> <p style="text-align: center;"><b>Grand Total</b></p>
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Yes! I want to receive the following FREE email newsletters. I've provided my email address below.

- Healthcare Industry Weekly Watch  
  Managed Care Weekly Watch  
  Women's Health Professional News Brief  
 Wellness Junction Professional Update  
  Managed Care Vendor Sales Insight

**Registration Contact:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Order/discount code \_\_\_\_\_

**Billing Information**    Same as registration address

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

By providing your mail, phone, fax and email address you agree to receive communications from HRP via mail, fax, and email.